

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598563

FILING DATE

13 APR 2007

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
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TOTAL IND.	2		2			
TOTAL DEP.	12	◀	13	◀		
TOTAL CLAIMS	14		15			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			◀			
TOTAL DEP.			◀			
TOTAL CLAIMS			◀			